

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014377 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED C 04/12/2016 |
| NAME OF PROVIDER OR SUPPLIER WARREN BARR LINCOLNSHIRE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| S9999 | <p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS</p> <p>300.1210b) 300.1630b) 300.1630c) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.1630 Administration of Medication</p> <p>b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>c) Medications prescribed for one resident shall not be administered to another resident.</p> | S9999 | <p>Attachment A</p> <p>Statement of Licensure Violations</p> | | |

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

04/27/16

Illinois Department of Public Health

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| S9999 | <p>Continued From page 1</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on interview and record review the facility failed to ensure the staff gave medications to the right resident. This failure contributed to (R1) being hospitalized for a significant drop in Heart rate.</p> <p>This applies to one of eleven residents (R1) in the sample reviewed for Medication Administration. The findings include:</p> <p>R1 was admitted on March 17, 2016, with diagnoses of syncope, pain, dementia without behaviors, ataxic gait, falls and hypertension. R1's face sheet date March 17, 2016 does not show R1 having a medical diagnosis of diabetes mellitus or bradycardia.</p> <p>R1's March 27, 2016 Physician orders (POS) and Medication Administration Record (MAR), include the following medications: Clonidine 0.1mg, Ergocalciferol capsule 50,000 units, Lisinopril 40 mg, Tolterodine Tartrate Extended Release capsule 4mg, Ceftin 250 mg, Diltiazem capsule Extended release 180 mg.</p> <p>On March 27, 2016 at 9:00 AM, E11 (Licensed Practical Nurse- L.P.N.) administered R1's morning medication per physician orders.</p> <p>On March 27, 2016 at 9:15 AM, E3 (L.P.N.) administered R2 's medications to R1. The medications were: Metformin 500 mg, Amiodarone 200 mg, Aspirin 81 mg, Atenolol 50mg, Glyburide 5mg, Multivitamin, Vitamin C 500 mg, Vitamin D3 2,000 units, and Gabapentin 300mg.</p> <p>R1's Nurses note dated March 27, 2016 shows</p> | S9999 | | | |

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WARREN BARR LINCOLNSHIRE

**150 JAMESTOWN LANE
LINCOLNSHIRE, IL 60069**

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| S9999 | Continued From page 2 E11 (L.P.N.) witnessed R1 getting additional medication. The medication given at 9:15 AM was found to be given in error. R1's pulse rate was 42 at 4:10 PM. R1 was sent to the hospital at 4:50 pm diagnosed with " medication induced bradycardia. " R1 returned to the facility on April 1, 2016 with the additional admitting diagnosis of unspecified bradycardia and poisoning by unspecified drugs. On April 12, 2016 at 12:15 PM, E3 (L.P.N.) stated she walked into R1's room and R1 stated " Didn ' t I already get these? " E3 (L.P.N.) stated, " I completely ignored that red flag." E3 (L.P.N.) stated to R1, " This is the first time I am giving you medications, the other time I just gave you water. " E3 stated R1 took the medications at this time. E3 (L.P.N.) stated E11 (L.P.N.) walked by and asked me whose medication I gave? E3 (L.P.N.) stated at this time she realized it was the wrong resident. E3 (L.P.N.) stated she was not mentally prepared to handle the additional patients she received that morning. E3 (L.P.N.) stated she glanced at R2 ' s picture in the Electronic Medical Record but did not make the correlation or check R1's Identification wrist band before administering medications. E3 (L.P.N.) stated she did not follow the five rights of medication administration before administering medications. On April 12, 2016 at 12:30 PM, E4 (Nursing Supervisor) stated E3 (L.P.N.) was in a hurry and did not check the five rights of medication administration before administering medication and that is why the medication error occurred. On April 12, 2016 at 11:55 AM, Z3 (Nurse Practitioner - N.P.) stated she was called around 9:15 AM, E3 (L.P.N.) administered additional medications to R1. Z3 (N.P.) stated she gave orders to send R1 out to the hospital if her heart rate went below 50. Z3 (N.P.) stated her main | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>concern for R1 was the anti-arrhythmic medication given. E3 (L.P.N.) stated around 4:00 PM, R1 's heart rate was between 42-47. Z3 (N.P.) stated R1 was admitted to a local hospital with a diagnosis of medically induced bradycardia.</p> <p>On April 12, 2016 at 10:00 AM, E1 (Administrator/Director of Nursing) stated E3 (L.P.N.) gave R2 's medication to R1 on March 27, 2016.</p> <p>On April 12, 2016 at 10:10 AM, E7 (Registered Nurse- R.N.) stated to make sure you have the proper medications for the proper resident, you use the picture, resident arm band with name and date of birth to verify who the resident is.</p> <p>The undated Facility Med Pass Policy and Procedure shows: It is the policy of the facility to adhere to federal regulations with medication pass procedure.</p> <p>(B)</p> | S9999 | | | |